

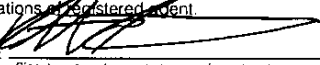
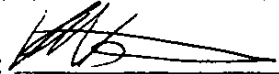


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000086655 1. Entity Name SYNERGY MANAGEMENT GROUP, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 NOV 29 AM 9:23	
Principal Place of Business 5400 DIVISION DRIVE FORT MYERS, FL 33901 US				Mailing Address 500 AVENUE P SUITE 1A NEWARK, NJ 07105 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 201 Route 17 North 901					
City & State 		City & State Rutherford, NJ		4. FEI Number 20-3401521		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 		Country 		Zip 07070		Country Bergen	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent O'BANNON, TIMOTHY 5400 DIVISION DRIVE FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEBMAN, RONALD 5400 DIVISION DRIVE FORT MYERS, FL 33901 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300082101943 11/28/06--01036--022 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, ROBERT 500 AVENUE P, SUITE 1A NEWARK, NJ 07105 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
						<small>Date</small>	
						<small>Daytime Phone #</small>	